

CAP PILOT FLIGHT EVALUATION - GLIDER

DATE OF CHECK:

MEMBER'S NAME (print or type)	CAP MEMBER EXP DATE	CHARTER NO	AIRCRAFT
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TYPE CHECK: (Check all satisfactorily completed flight checks)
 ___ Initial ___ Cadet Orientation ___ FAA BFR/AFR
 ___ Recurrency ___ Annual Standardization ___ Instructor/Check Pilot ___ Other _____

INSTRUCTIONS

Section I. and II. may be completed separately within a 30-day period before the flight check. All items for the appropriate type check must be completed indicating S - Satisfactory, U - Unsatisfactory or V - Verbally. If a member can satisfactorily perform the more complex maneuvers, less complex maneuvers need not be accomplished at the discretion of the check pilot. Pilots are evaluated on their ability to satisfactorily perform the tasks assigned, knowledge of procedures, smoothness, judgment, and mastery of the aircraft. Failure to meet the standards of performance for any task performed will result in an unsatisfactory evaluation. Tolerances specified in the FAA Private Practical Test Standards represent the minimum performance expected in good flying conditions.

I. ORAL DISCUSSION A. CAPF 5 Written Exam B. Review CAPR 60-1 & Supplements C. Review Flight Release Procedures D. Review CAPF 9 Requirements E. Local Procedures II. PREFLIGHT PREPARATION A. Certificates & Documents B. Obtaining Weather Information C. Flight Instruments & Systems D. Determine Performance & Limitations E. Flight Preparation & Planning F. Equipment G. Aeromedical Factors III. GROUND OPERATIONS A. Assembly B. Visual Inspection C. Ground Handling D. Pre-takeoff Check E. Post-flight Procedures F. Takeoff Briefing IV. AEROTOW LAUNCH A. Visual Signals B. Normal & Crosswind Takeoffs C. Maintaining Tow Position D. Slack Line Procedures E. Boxing the Wake B. Tow Release C. Aerotow Abnormal Occurrences	V. GROUND LAUNCH (AUTO OR WINCH) A. Visual Signals B. Normal & Crosswind Takeoffs C. Ground Launch Abnormal Occurrences VI. IN-FLIGHT MANEUVERS A. Straight Glide B. Turns to Headings C. Steep Turns D. Maneuvering at Critical Slow Airspeed E. Stall Recognition and Recovery VII. PERFORMANCE AIRSPEEDS A. Minimum Sink Airspeed B. Speed-to-fly VIII. SOARING TECHNIQUES A. Thermal Soaring B. Ridge and Slope Soaring C. Wave Soaring IX. APPROACHES AND LANDINGS A. Traffic Pattern B. Normal and Crosswind Landings C. Slips to Landing D. Downwind landing E. Simulated Off-airport Landings X. SAFETY AWARENESS A. Clearing B. Vigilance CERTIFICATES AND DOCUMENTS (CHECK PILOT VERIFIED) FAA Pilot Certificate No: _____ BFR DATE: _____
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I certify that I have read and understand all applicable FAA, CAP, and state regulations pertaining to flying subject aircraft. I acknowledge any restrictions or training requirements stated above. I also understand that maintaining currency, recurring requirements, and compliance with applicable directives is my personal responsibility.

DATE	MEMBER'S NAME & GRADE (Print or Type)	MEMBER'S SIGNATURE
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I certify that I have administered a CAP flight check as indicated and that the below named CAP member:
 ___ Has demonstrated proficiency required to fly the indicated aircraft. ___ Not qualified. Requires additional training and recheck.
 ___ Has demonstrated proficiency required to be a cadet orientation pilot.

COMMENTS:

DATE:	FLIGHT TIME:	EVALUATOR'S NAME & CERT NO:	EVALUATOR'S SIGNATURE:
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NAME & GRADE OF UNIT OPERATIONS OFFICER:	SIGNATURE:	DATE:
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